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First, Do No Harm: Response to “If You Prick Me”



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Why Pricking is Not the Solution to Ending Female Genital Mutilation

This is a response to: *If You Prick Me* by Brianna Lennon

I. Introduction

Brianna Lennon makes several cogent and persuasive arguments about Female Genital Mutilation (“FGM”) in her recently published Student Note entitled, *If You Prick Me: The American Academy of Pediatrics’ Female Genital Cutting Policy Turnabout*.^{1} She successfully articulates why she believes that by prohibiting FGM, opponents are in effect reinforcing it as a tie to the former culture or country.^{2} However, although Ms. Lennon makes some sound points, she overlooks and thereby, fails to answer the most obvious question which is, who owns a woman’s body? If one reaches the conclusion that a woman owns her body, then the logical extension of this is that FGM, by its very nature must be prohibited and eliminated and is “wrong.” When a society dictates, through tradition or some other form of forced persuasion, what a woman must do with her body in order to achieve a placed designed for her in that society, then, she clearly does not own her body. Moreover, notwithstanding cultural imperatives, nuanced intricacies, traditions, or the values of the culture which practice it, FGM is torture and should not and must not be tolerated.^{3} Perhaps it was the realization of these facts which led the American Academy of Pediatrics (“AAP”) to rethink and withdraw its endorsement of a ritual prick to replace FGM.^{4} This article is in response to the Note written by Ms. Lennon and is intended to further the dialogue on the subject of female genital mutilation.

II. Call It What It Is

Ms. Lennon’s “Introduction” sets the tone of the discourse by calling female genital mutilation “[t]he surgical modification of a woman’s genitalia”^{5} and refers to the procedure as “cutting”^{6} throughout the article. This terminology is used notwithstanding the fact that most of the time the mutilation visited upon women’s genitalia has absolutely nothing to do with surgery. The facts clearly demonstrate that women and girls who are subjected to female genital mutilation are “cut” without the use of anesthesia^{7} by instruments such as blades, stones, broken glass or other sharp tools.^{8} Moreover, the procedure is generally performed in a ritual hut in some small village or town.^{9} This is a far cry from the image that is conjured by describing FGM as a surgical procedure. There are no medical personnel or facilities involved in this procedure; rather, it is usually performed by a female elder who has no medical training and is assisted by others who need to hold down the child^{10} once she realizes that her genitals are being rendered null and void.

In addition, the United Nations now refers to the procedure as female genital mutilation in all of its official documents.^{11} The use of benign terms to describe that, which many opponents are now deeming to be

torture, minimalizes the devastating effect this procedure continues to have on women world-wide.

III. The American Academy of Pediatrics' Folly

As Ms. Lennon points out, in 2010, the AAP issued a statement in which it changed its former position on FGM and endorsed the use of a ritual prick and downgraded the terminology from female genital mutilation to "female genital cutting." A comparison between its 1998 and 2010 positions on FGM demonstrate this. The 1998 position used the term mutilation, which the international community has recognized as the most accurate description of this practice:{{12}}

The American Academy of Pediatrics (AAP) encourages its members to: 1) become informed about the major types of FGM and their complications; 2) be able to recognize the physical signs of FGM; 3) be aware of the cultural and ethical issues associated with FGM; 4) develop a compassionate educational approach for patients who have undergone or who request such a procedure; and 5) decline performing all medically unnecessary procedures to alter female genitalia.{{13}}

Whereas, the April 2010 AAP position on FGM utilized Ms. Lennon's more benign term, female genital cutting and endorsed a ritual nick.

Some physicians, including pediatricians who work closely with immigrant populations in which FGC is the norm, have voiced concern about the adverse effects of criminalization of the practice on educational efforts. These physicians emphasize the significance of a ceremonial ritual in the initiation of the girl or adolescent as a community member and advocate only pricking or incising the clitoral skin as sufficient to satisfy cultural requirements. This is no more of an alteration than ear piercing. A legitimate concern is that parents who are denied the cooperation of a physician will send their girls back to their home country for a much more severe and dangerous procedure or use the services of a non-medically trained person in North America. In some countries in which FGC is common, some progress toward eradication or amelioration has been made by substituting ritual "nicks" for more severe forms. In contrast, there is also evidence that medicalizing FGC can prolong the custom among middle-class families (e.g., in Egypt) Many anti-FGC activists in the West, including women from African countries, strongly oppose any compromise that would legitimize even the most minimal procedure. There is also some evidence (e.g., in Scandinavia) that a criminalization of the practice, with the attendant risk of losing custody of one's children, is one of the factors that led to abandonment of this tradition among Somali immigrants. The World Health Organization and other international health organizations are silent on the pros and cons of pricking or minor incisions. The option of offering a "ritual nick" is currently precluded by US federal law, which makes criminal any nonmedical procedure performed on the genitals of a female minor.{{14}}

It should have come as no surprise to the AAP that its 2010 change of its position on FGM would lead to reaction that "was swift and almost universally negative."{{15}} Outrage was expressed by human rights organizations as well as by individual physicians. Taina Bien-Aime, President of Equality Now, commented:

This statement defies decades of extremely hard work at the international, grass-roots level across Africa, starting with the World Health Organization, UN agencies, and all of the regional agencies in Africa, Europe, and elsewhere that have worked very hard with local communities to eradicate female genital mutilation." She and other women's rights advocates wondered why the AAP

revised a much more forceful statement published in 1998, which unequivocally condemned FGC in any form. That statement warned clinicians considering the ritual nick to “consider their role in perpetuating this social practice with its cultural implications for the status of women.”{16}

In addition, individual physicians weighed in on the AAP's position change. Nawal Nour, a gynecologist and director of the Global Obstetrics and Gynecology Health Center at Brigham and Women's Hospital in Boston stated, “I could understand if the statement had been released 10 years ago, and the bioethics committee was trying to be culturally sensitive and compassionate, and take a somewhat softer stance. But having taken the stance initially that all of FGC was not acceptable, and then soften it 10 years later, after we have worked so hard to stop the practice completely, is such a setback for us.”{17}

The AAP moved quickly to clarify its position and to retract the controversial call to replace FGM with a ritual nick.

In airing the controversy on female genital cutting (FGC)...the American Academy of Pediatrics (AAP) may have left an erroneous impression that a ritual nick is acceptable as a means of avoiding the barbaric and life-threatening FGC procedure. The AAP reaffirms its unalterable opposition to FGC and to female genital nicking.{18}

International organizations and dedicated individuals had worked diligently for decades to end this practice which is clearly gender-based violence disguised as tradition, and it appeared that a prestigious American organization would undermine all of these efforts that have been put forth to do so.{19}

IV. The Faces Behind the Statistics

As Ms. Lennon discussed, FGM takes a powerful and life-altering toll on women and girls,{20} and in doing so, it also takes an enormous toll on the society in general.{21} Putting aside the long-term damage that FGM does to the society for a moment, the women and girls who experience this violence against them deserve more from the world than an ill-thought out recommendation that they still be subjected to violence, but to a lesser extent to satisfy tradition.{22}

Needless to say, the health implications alone are astounding:

FGM constitutes a significant health risk to females wherever it is practiced. When FGM is coupled with the realities of living in a third-world society, results are overwhelming. The lack of proper health care and the pervading attitudes towards the role of women in the society lead to serious health complications for many who are subjected to FGM.{23} *First, you can suffer fatal hemorrhaging, because in the clitoris there are a lot of blood vessels, including the dorsal artery, the vein of the clitoris, so young girls can bleed to death. Fear is also a very important problem, because when those children are taken away they are not prepared for the pain they are going to suffer, and the pain creates stress and shock. In addition, you have infections, even tetanus. Infections begin in the area of the wound but may spread to the internal organs. . . .but that is not all. The woman has been cut and traumatized, so intercourse is very painful and there are a lot of problems giving birth.*{24}

Moreover, “Hanny Lightfoot-Klein reports that, although no accurate statistics are available, in Sudan, the country where she has conducted research, medical fatalities are quite high and vary from ten to thirty percent.”{25}

Most statistics only address the physical ramifications of FGM; the lack of statistics on the psychological damage which results from FGM speaks volumes. The intimidation and fear of being ostracized render many women mute and, “There are simply no words in any language or dialect, which speak of the unspeakable.”^{26} What are the psychological ramifications of just a little prick? Or doesn’t that matter.

Knowing what we know about the effects of FGM, it is astounding that one could have any sympathy for AAP by concluding that, “The AAP, in its April policy statement, attempted to accommodate immigrants who wanted to honor their cultural traditions in a medically safe and unobtrusive way.”^{27} This “culture tradition” has been declared illegal and there are state laws,^{28} federal law,^{29} and international laws^{30} which all attempt to uphold the human rights of women by ending torture instead of reducing it as suggested by the AAP position statement of April 2010. In light of these laws, perhaps it is not the role of the AAP to accommodate immigrants who want to violate them.

As Ms. Lennon points out, it is very important that “outsiders” understand why FGM is practiced and the “complexities”^{31} attendant to it. However, the purpose of this knowledge must be used in eradicating FGM and not in justifying its continued existence in a milder form because one fears being politically incorrect.

Indeed, if one accepts the propositions that the practice of FGM is riddled with complexities and nuances; that the call for a total ban is culturally insensitive; that eliminating many deeply entrenched practices may be traumatic, difficult, and upsetting; and that there may be a backlash for perceived paternalism there still must be an end to FGM as soon as possible. Even if all the above-mentioned propositions are valid and have merit, they do not, on balance, alter the fact that FGM is torture and gender-based violence against women and girls which must be prohibited and punished.

V. Examining Other “Traditions” Which Have Been Banned

In India there was a Hindu custom known as Sati,^{32} in which when a husband died, the widow was burned alive with him.^{33} This custom/tradition was deemed to be voluntary, just as proponents of FGM claim that it is. However, “there are many incidences in which the women were forced to commit Sati, sometimes even dragged against her wish to the lighted pyre.”^{34} This tradition was prevalent in India until it was banned in 1829.^{35}

Just as with FGM, there appeared to be religious support for this tradition: “It is proper for a woman, after her husband’s death to burn herself in the fire with his corpse; every woman who thus burns herself shall remain in paradise with her husband 35,000,000 years by destiny.”^{36}

Sati was clearly beyond the realm of acceptable behavior towards women. It would be ludicrous to suggest that in the name of cultural sensitivity, a modified version of Sati should have been practiced. Perhaps women could just burn an arm or a leg to satisfy the cultural imperative and to demonstrate cultural sensitivity. Yet, this is just what is being proposed for victims of FGM. Proponents of pricking are asking that they be allowed to hurt women’s and girls’ genitals just a little bit.

Likewise, the one thousand year old cultural tradition in China of binding women’s feet, or essentially hobbling them, was banned. This, too, was a grand tradition.^{37} National Public Radio addressed this issue in a March 19, 2007 program:

Foot binding was first banned in 1912, but some continued binding their feet in secret. Some of the last survivors of this barbaric practice are still living in Liuyicun, a village in Southern China's Yunnan province. Wang Lifan was just 7 years old when her mother started binding her feet: breaking her toes and binding them underneath the sole of the foot with bandages. After her mother died, Wang carried on, breaking the arch of her own foot to force her toes and heel ever closer. Now 79, Wang no longer remembers the pain. "Because I bound my own feet, I could manipulate them more gently until the bones were broken. Young bones are soft, and break more easily," she says. At that time, bound feet were a status symbol, the only way for a woman to marry into money. In Wang's case, her in-laws had demanded the matchmaker find their son a wife with tiny feet. It was only after the wedding, when she finally met her husband for the first time, that she discovered he was an opium addict. With a life encompassing bound feet and an opium-addict husband, she's a remnant from another age. That's how author Yang Yang, who's written a book about them, sees these women. These women were shunned by two eras, Yang says. When they were young, foot binding was already forbidden, so they bound their feet in secret. When the Communist era came, production methods changed. They had to do farming work, and again they were shunned. {{38}}

Would it have been better for the world to compromise on behalf of Chinese women and suggest that in lieu of binding an entire foot, only two toes be broken and bound? Footbinding, like FGM was a form of violence against women. Was it a tradition? Yes, it was. Were that complexities and nuances that accompanied this practice? Certainly, there were, but notwithstanding the fact that it was an integral part of the society, it was banned in its entirety,{{39}} as it should have been.

More recently, the practice of "breast ironing"{{40}} in Cameroon has caught the world's attention:

Affecting one out of every four girls, the brutal practice of "breast ironing" is on the rise in the African country of Cameroon. The procedure — which involves the flattening of a young girl's growing breasts with hot stones, coconut shells and other objects — is considered a way to curb the country's staggering number of teenage pregnancies, particularly high in rural areas, as well as limit the risk of sexual assault. According to a new report by CurrentTV, Cameroonian mothers believe breast ironing will protect their daughters from becoming pregnant and being assaulted in that it will postpone their development and men will not be enticed by their breasts. With dietary habits in the country improving, girls are beginning to hit puberty as young as 9, and are subject to the practice around at the same age. {{41}}

"Breast ironing is an age-old practice in Cameroon, as well as in many other countries in West and Central Africa, including Chad, Togo, Benin, Guinea-Conakry, just to name a few," said Flavien Ndonko, an anthropologist and local representative of German development agency GTZ. {{42}}

How long before breast ironing becomes a cultural tradition which requires cultural sensitivity and compromise. Just what are the complexities and nuances of breast ironing which the West must honor so as not to appear to be paternalistic? Would one ever suggest that just one breast be ironed, or that a girl's be ironed just a little? Certainly not, "For Ndonko, the campaign is a battle to respect the physical integrity of young girls — with broader implications for human rights."{{43}} Why would the AAP advocate ending FGM in increments, instead of banning and criminalizing the practice in total as most of the world has done?

The examples given are not hyperbole, but rather, true examples of violence, which has been, and continues to be visited upon women in the name of tradition, culture, religion, modesty, purity, and marriageability. In fact, one could fill in the blank with Sati or foot binding or breast ironing, or FGM when defining violence and torture against women.

Thus, the statement that “Indeed, women’s rights advocates demonized the practice and portrayed African women ‘as victims who made ‘incorrect’ choices because they were burdened by the patriarchy of their societies,”^{44} fails to plumb the depths of the term “choices.” In addition, how do young girls and infants demonstrate their decision to choose FGM as a ritual that they want to partake in? And who has the right to make decisions about a woman’s body?

VI. The Distance Between a Nick and a Cut is Shorter than You Think

If one of the stated purposes of FGM is to ensure virginity and purity, “pricking” may not satisfy the parents who would subject their daughters to FGM. What is the result if parents are able to convince a physician to cut just the tip of the clitoris, or to maybe place a stitch or two in the labia majora?^{45} Who will monitor doctors to insure that they only nick the clitoris and do no further harm? The result would be FGM and the subsequent torture that it has been deemed to be. Most importantly, once you make the statement, either explicitly or implicitly, that a woman’s genitals belong to her family and what can be done to them is negotiable, the battle to end FGM has been lost.

Likewise, the AAP’s retort that the prick is no more of an alteration than an ear piercing,^{46} is intellectually dishonest and culturally insensitive to women who have entrusted their genitals to the larger society for centuries,^{47} only to have suffered irreparable harm and damage. The comparison of compromising one’s genitals to piercing one’s ears fails to take into account the physical and psychological ramifications of altering a woman’s genitals.

VII. Final Thoughts

Education, addressing the issue of the feminization of poverty, and enforcing the existing laws against FGM are steps in the right direction and I agree with Ms. Lennon in her analysis of these solutions. However, it is of the utmost importance that all parties who have a stake in ending the practice of FGM be educated. There is an assumption that women and girls who are subjected to FGM make a conscious choice and are aware that they can say “no” to the practice. Many Ethiopian women who supported FGM are uneducated and have little or no exposure to mass media.^{48} It is a fact that knowledge is power. Once women are educated, they can make real choices about their bodies and they will begin to understand that their genitals belong to them and not their parents, the community or their husbands.

On April 27, 2011, Harlem Hospital and the Sauti Yetu Center for African Women and Families held a national conference which focused on the physical and emotional needs of women in the United States who have experienced FGM.^{49} The point of the conference was to educate the women who have endured FGM as well as the general public. Everyone needs to be educated on the subject of FGM.

Likewise, the status of women must be raised in order for any real progress to be made in the fight against FGM.

If women believe that there only value is what men and the culture say it is, then they will act to fulfill that belief. Thus, an uneducated, poor woman who does not know her own value, but believes it to lie between her legs, will also submit her daughter to the knife to guarantee her daughter some status.

{{50}}

Poverty is one of the culprits in the fight to end FGM because a woman must submit in order to marry and join resources for survival. This belies the argument that women have choices with respect to FGM

In addition, the laws which have been enacted to stop FGM must be enforced.{{51}} Mechanisms must be put in place to stop parents from sending their daughter abroad to have FGM performed. Ms. Lennon stated, “These pressures, however, failed to account for the cultural tradition tied into FGC and instead cast judgment on practicing communities, which has detrimentally impacted eradication efforts. The implication that Western culture knows better than African culture is a pervasive message of the FGC ban.”{{52}} Rather than make the “West” the culprit in this debate, maybe one should look back at footbinding, widow burning, and most recently, breast ironing to determine if it is a question of knowing better than the practicing society or is it a question of human rights?

Moreover, if it is a matter of ritual replacement, there are several which come to mind which do not include maiming body parts. It is of the utmost importance that we respect and honor other cultures and traditions; however, respecting and honoring cultures and traditions should not include silence or compromise on practices which clearly diminish and torture women. One must not confuse paternalism with protecting fundamental human rights.

Most importantly, the question must be asked, who owns a woman’s body? What gives the AAP, or any other agency, the right to negotiate away the bodily integrity of women? Why should a woman’s body belong to her family, society, or her husband? Once you make the concession to “pricking,” you have, in fact, made the determination that a woman’s body belongs to someone other than her. If a woman’s body does not belong to her, then, is she a person? I accept the following view, “Feminism is the radical notion that women are people.”{{53}}

It has been an honor to have this dialogue with Brianna Lennon, and I thank her for raising the issue and her eloquent assessment of it.

[[1]] See generally Brianna Lennon, *If You Prick Me*, The Student Appeal, (Apr. 20, 2011), <http://thestudentappeal.com/international/if-you-prick-me>.[[1]]

[[2]] *Id.* at 17. [[2]]

[[3]] See generally Patricia A. Broussard, *Female Genital Mutilation: Exploring Strategies for Ending Ritualized Torture; Shaming, Blaming, and Utilizing the Convention Against Torture*, 15 Duke J. Gender L. & Pol’y 19 (2008).[[3]]

[[4]] Committee on Bioethics, *Ritual Genital Cutting of Female Minors*, 125 Pediatrics 1088, 1092 (2010) available at <http://pediatrics.aappublications.org/content/early/2010/04/26/peds.2010-0187>.[[4]]

[[5]] Lennon, *supra* note 1, at 1. [[5]]

[[6]] *Id.* [[6]]

[[7]] Khadijah F. Sharif, *Note: Female Genital Mutilation: What does the New Federal Law Really Mean?*, 24 Fordham Urb. L.J. 409, 414–15 (1997). [[7]]

[[8]] *Id.* [[8]]

[[9]] Alice Walker & Pratibha Parmar, *Warrior Marks* 303–04 (1993). [[9]]

[[10]] *Id.* [[10]]

[[11]] Declaration on the Elimination of Violence against Women, G.A. Res.48/104 Sec. 6 U.N. Doc. A/RES/48/104, art. 2, ¶ a (Dec. 20, 1993), available at <http://www.un.org/documents/ga/res/48/a48r104.htm>. [[11]]

[[12]] *Id.* [[12]]

[[13]] Committee on Bioethics, *Female Genital Mutilation*, 102 Pediatrics 153 (1998) available at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;102/1/153>. [[13]]

[[14]] Committee on Bioethics, *supra* note 4. [[14]]

[[15]] Norra MacReady, *AAP Retracts Statement on Controversial Procedure*, 376 The Lancet 15 (2010). [[15]]

[[16]] *Id.* [[16]]

[[17]] *Id.* [[17]]

[[18]] Alyson Sulaski Wyckoff, *Academy Clarifies Position Denouncing All Forms of Female Genital Cutting*, AAP News, (June 1, 2010), <http://aapnews.aappublications.org/cgi/content/full/aapnews.20100601-2?nfstatus=200&nfstatusdescription=SUCCESS%3A+Login+worked>. [[18]]

[[19]] See generally *The Female Genital Cutting Education and Networking Project*, FGM Network, <http://www.fgmnetwork.org/index.php> (last visted May 19, 2011). [[19]]

[[20]] Lennon, *supra* note 1, at 4–6. [[20]]

[[21]] If women are at least 50% of any given population, the physical diminution of them logically leads to the diminution of the entire society. [[21]]

[[22]] See Sami A. Aldeeb Abu-Sahlieh, *To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision*, 13 Med. & Law 575, 563 (1994) (It is actually tradition clothed in religion). [[22]]

[[23]] See Hanny Lightfoot-Klein, *Prisoners of Ritual*, FGM Network, (Apr. 30, 1991), <http://www.fgmnetwork.org/articles/prisonersofritual.php>. [[23]]

[[24]] *Female Genital Mutilation*, eNotes.com, <http://www.enotes.com/medicine-encyclopedia/female-genital-mutilation>. [[24]]

[[25]] Lightfoot-Klein, *supra* note 23. [[25]]

[[26]] Eugenie Anne Gifford, *The Courage to Blaspheme: Confronting Barriers to Resisting Female Genital Mutilation*, 4 UCLA Women's L.J. 338 (1993–1994). [[26]]

[[27]] Lennon, *supra* note 1, at 15. [[27]]

[[28]] *See generally, e.g.*, A.C.A. sec. 9–13–402 (2006); Cal. Penal Code Sec. 273.4 (West 2006), Cal. Health and Safety Code Section 124170 (2006); Colo. Rev. Stat. sec 18–6–401 (2005); Del. Code Ann tit. 11 sec.780 (2006); Ga. Code Ann sec. 16–5–27 (2006); Ill. Comp Stat 5/12–34 (2005); Md. Code Ann, Health — Gen. 1 sections 20(601), (602), (603) (2005); Minn. Stat sections 609.2245) and 144.3872 (West 2005); Mo. Rev. Stat. sec. 568.065 (2005); Nev. Rev. Stat. Ann. sec. 200.5083 (2006); N.Y. Penal Code sec.130.85 (2006); N.D. Cent Code sec. 12.1–36–0 (2006); Or. Rev. Stat. sec. 163.207 (2006); R. I. Gen. Laws sec. 11–5–2 (2006); Tenn. Code Ann. Sec. 39–13–110 (2005); Tex. Health and Safety Code Ann. Sec. 167.001 (2005); W. Va. Code sec. 61–8D-3a (2006); Wis. Stat. sec. 146.35 (2006). [[28]]

[[29]] *See* 18 USCA Section 116 (Supp. 1997). [[29]]

[[30]] *See generally, e.g.*, Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, Oct. 15, 1999, 2131 U.N.T.S. 83, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N99/774/73/PDF/N9977473.pdf?OpenElement>; Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3, <http://www2.ohchr.org/english/law/pdf/crc.pdf>; Convention on the Elimination of All Forms of Discrimination against Women, Dec. 18, 1979, 1249 U.N.T.S. 13, <http://www.un.org/documents/ga/res/34/a34res180.pdf>, /; The Universal Declaration of Human Rights, Dec. 10, 1948, <http://www.un.org/en/documents/udhr>. [[30]]

[[31]] Lennon, *supra* note 1, at 6. [[31]]

[[32]] V.N. Datta, *Sati: A Historical, Social, and Philosophical Enquiry into the Hindu Rite of Widow Burning* (1988). [[32]]

[[33]] *Id.* [[33]]

[[34]] Sati — The Burning of the Widow, <http://www.sos-sexisme.org/English/sati.htm> (lasted visited May 19, 2011). [[34]]

[[35]] Sati: Regulation Xvii, A.D. 1829 of the Bengal Code (Dec. 4, 1929):

A regulation for declaring the practice of suttee, or of burning or burying alive the widows of Hindus, illegal, and punishable by the criminal courts. Passed by the governor-general in council on the 4th December 1829, corresponding with the 20th Aghun 1936 Bengal era; the 23rd Aghun 1237 Fastt; the 21st Aghun 1237 Vilayati; the 8th Aghun 1886 Samvat; and the 6th Jamadi-u\$”Sani 1245 Hegira.

1. The practice of suttee, or of burning or burying alive the widows of Hindus, is revolting to the feelings of human nature; it is nowhere enjoined by the religion of the Hindus as an imperative duty; on the contrary a life of purity and retirement on the part of the widow is more especially and preferably inculcated, and by a vast majority of that people throughout

India the practice is not kept up, nor observed: in some extensive districts it does not exist; in those in which it has been most frequent it is notorious that in many Instances acts of atrocity have been perpetrated which have been shocking to the Hindus themselves, and in their eyes unlawful and wicked. The measures hitherto adopted to discourage and prevent such acts have failed of success, and the governor-general in council is deeply impressed with the conviction that the abuses in question cannot be effectually put an end to without abolishing the practice altogether. Actuated by these considerations governor-general in council, without intending to depart from one of the first and most important principles of the system of British government in India, that all classes of the people be secure in the observance of their religious usages, so long as that system can be adhered to without violation of the paramount dictates of justice and humanity, has deemed it right to establish the following rules, which are hereby enacted to be in force from the time of their promulgation throughout the territories immediately subject to the presidency of Fort William.

2. The practice of suttee, or of burning or burying alive the widows of Hindus, is hereby declared illegal, and punishable by the criminal courts. [[35]]

[[36]] W. J. Wilkins, *Modern Hinduism* 186, 223 (1975). [[36]]

[[37]] Gerry Mackie, *Ending Footbinding and Infibulation; A Convention Account*, 61 Am. Soc. Rev. 99, (1996).

Footbinding and infibulation correspond as follows: Both customs are nearly universally where they are practiced; they are persistent and are practiced even by those who oppose them. Both control sexual access to females and ensure female chastity and fidelity. Both are necessary for proper marriage and family honor. [[37]]

[[38]] Louisa Lim, *Painful Memories for China's Footbinding Survivors*, NPR, (March 19, 2007) <http://www.npr.org/templates/story/story.php?storyId=8966942>. [[38]]

[[39]] *Id.*

When the Manchu nobility came to power in 1644, they tried to ban the practice, but with little success. The first anti-footbinding committee was formed in Shanghai by a British priest in 1874.

But the practice wasn't outlawed until 1912, when the Qing dynasty had already been toppled by a revolution. Beginning in 1915, government inspectors could levy fines on those who continued to bind their feet. But despite these measures, footbinding still continued in various parts of the country.

A year after the Communists came to power in 1949, they too issued their own ban on footbinding. According to the American author William Rossi, who wrote *The Sex Life of the Foot and Shoe*, 40 percent to 50 percent of Chinese women had bound feet in the 19th century. For the upper classes, the figure was almost 100 percent. [[39]]

[[40]] *Teenage Girls Undergo 'Breast Ironing' In Cameroon*, Huffpost World, (July 23, 2010) http://www.huffingtonpost.com/2010/07/23/teenage-girls-undergo-bre_n_656965.html (last updated Mar. 23, 2011). [[40]]

[[41]] *Id.* [[41]]

[[42]] Tansa Musa, *Cameroon Girls Suffer “Breast Ironing”*, The Intactivism Pages, (July 5, 2006), <http://www.circumstitions.com/breastiron.html>.
[[42]]

[[43]] *Id.* [[43]]

[[44]] Lennon, *supra* note 1, at 14. [[44]]

[[45]] See Razor’s Edge: The Controversy of Female Genital Mutilation, IRIN WEB SPECIAL DOCUMENTARY, March 2005, available at <http://www.irinnews.org/pdf/in-depth/FGM-IRIN-In-Depth.pdf>. [[45]]

[[46]] Committee on Bioethics, *supra* note 13, at 153 (“Ritual cutting and alteration of the genitalia of female infants, girls, and adolescents have been a tradition since antiquity. It persists today primarily in Africa and small communities in the Middle East and Asia.”). [[46]]

[[47]] MacReady, *supra* note 15. [[47]]

[[48]] Saba W. Masho & Lindsey Matthews, *Factors Determining Whether Ethiopian Women Support Continuation of Female Genital Mutilation*, 107 Int’l J. Gynecology & Obstetrics 232, 233 (2009). [[48]]

[[49]] Nadia Sussman, *After School in Brooklyn, West African Girls Share Memories of a Painful Ritual*, The New York Times, (April 25, 2011) <http://www.nytimes.com/2011/04/26/nyregion/brooklyn-girls-from-west-africa-recall-genital-cutting.html>. [[49]]

[[50]] See Patricia A. Broussard, *The Importation of Female Genital Mutilation to the West: The Cruellest Cut of All*, 44 U.S.F.L. Rev. 822 (2010).
[[50]]

[[51]] *Not Anyone’s Daughter*, The New York Times, (June 30, 2010), <http://www.nytimes.com/2010/07/01/opinion/01thu4.html?ref=femalegenitalmutilation&pagewanted=print> (Female genital mutilation has been banned in the United States since 1996. Representatives Joseph Crowley of New York and Mary Bono Mack of California are now sponsoring legislation that would make it a felony to take a girl out of the country to have the procedure, punishing violators with fines and a five-year prison term. Supporters hope the law will be a deterrent and embolden more young women or their mothers to resist family or community pressure and defend themselves.). [[51]]

[[52]] Lennon, *supra* note 1, at 15. [[52]]

[[53]] Quotes on Feminism, Cheris Kramarae and Paula Treichler. [[53]]

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